U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //784	2. Fiscal Year Covered From:
,,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Ronald G Lucas	Name Teamsters Local Union 264
	Labor Organization File Number 038-823
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 35 Tyrol Drive	Street 35 Tyrol Orive
City Cheektowaga	City Cheektowaga
State New York ZIP Code + 4 14227	State New York ZIP Code + 4 14227
5. Position in labor organization. President	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Tremsaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	ion represents of is actively seeking to represent.
Name	
Trade Name, if any:	}
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
_	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	of Perjury and other applicable cenalties of the law, that all of the information
1 1	MING COCUMENTS! 1422 Deen exemined by the signatory and is, to allo desired and
Signed Harald Holicas	JAING GOODINGUIST 1992 DEGIL SWOMINGO DA MIC SIGNATOLA BUTA 19: 10 8/0 0021 01 710

Date

Telephone Number

Name of Person Filing Ronald Lucas	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name NYS Teamsters Conf. Pensin & Retirement Fund	V a talan Osasi atka		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any PO Box 4928	c. Employer		
Street	c. Employer		
City Syracuse			
State New York ZIP Code + 4 13221			
10. ff 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	The NYS Pension Fund is a jointly adminstered Taft Hartley trust fund. Employers that are party to		
Trade Name, if any:	collective bargaining agreements with LU 264 contribute to the Trust and Ronald Lucas is a Union appointed Trustee to the Fund		
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Reimbursement for expenses to attend Trustees meetings; Trustee membership fee for IFEBP; Registration fees for IFEBP conferences and reimbursement for expenses to attend IFEBP conference		
	The second of th		
	12.b. Amount. \$3,746		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	Wright Investors sponsored a dinner at an IFEBP conference that Ronald Lucas and his spouse Debra		
Name Wright Investors	Lucas attended		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	,		
Street 440 Wheeler Farms Rd			
City Milford			
State Connecticut ZIP Code + 4 06460			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person	Filing	Ronald	Lucas

Fite Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NYS Teamsters Council Health & Hospital Fund	∑{ a. Labor Organization
Trade Name, if any:	, b. Trust
P.O. Box, Bidg., Room No., if any P.O. Box 4928	2 1
Street	c. Employer
City syracuse	
State New York ZIP Code + 4 13221-4928	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Fund is a jointly administered Taft Hartley Welfare Fund. Employers that are party to collective
Trade Name, if any:	bargaining agreements with LU 264 contribute to the Fund. Ronald Lucas is a Union appointed Trustee to the Fund
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest hald or income received.
	Reimbursement of expenses for attendance at
	Trustees meetings; Trustee membership fee for
	IFEBP; Regristration fees for IFEBP conferences and
	Reimbursement on expenses for attendace at IFEBP conferences
	12.b. Amount. \$3,746

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Name of Person Filing Ronald Lucas	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Northern Capital	a. Labor Organization
Trade Name, if any:	· - '
P.O. Box, Bldg., Room No., if any	b. Trust
Street 8010 Excelsior Dr	c. Employer
City Madison	
State Wisconsin ZIP Code + 4 '53717	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name NYS Teamsters Conf Pension & Retirement Fund	Northern Capital is a investment manager to the NYS. Teamsters Conf. Pension and Retirement Fund
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any P.O. Box 4982	
Street	
City syracuse	
State New Mexico ZIP Code + 4 13221	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Northern sponsored lunch/golf at Trustees meeting that Ronald Lucas attended
	<u> </u>
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	12.b. Amount. <i>Est</i> \$100

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Name of Person i	Filing	Ronald	Lucas

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Loomis Sayles and Co.	a. Labor Organization
Trade Name, if any:	★ b. Trust
P.O. Box, Bldg., Room No., if any	
Street One Financial Center	c. Employer
City Boston	
State Massachusetts ZIP Code + 4 02111	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name NYS Teamsters Conf. Pension & Retirement Fund	Loomis is an investement manager to the NYS Teamaters Pension Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box 4928	
Street	
City Syracuse	
State New York ZIP Code + 4 13221	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Loomis sponsored a dinner at a Trustees meeting that Ronald Lucia and his spouse Debra Lucas attended
	12.b. Amount. Esr \$200

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Name of Person Filing Ronald Lucas	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Batterymarch Financial Mgt	a. Labor Organization
Trade Name, if any:	★ b. Trust
P.O. Box, Bldg., Room No., if any	
Street 200 Claredon St	c. Employer
City Boston	
State Massachusetts ZIP Code + 4 02116	
10. If 9.b. or 9.c. is checked give trust or employeds name.	11.a. Nature of such dealing.
Name NYS Teamsters Conf.Pension & Retirement Fund	Batterymarch is an investment manager to the NYS Teamsters Pension Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box: 4928	
Street	
City Syracuse	
State New York ZIP Code + 4 13221	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Batterymarch sponsored a dinner for the Fund that Ronald Lucas and his spouse Debra Lucas attended
	· ·
	12 h Amount

Name of Person Filing R	≀onald Lucas
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8. Name and address of Business (including t⁻ade name, if any).	9. Business deals with:
Name State Street Bank & Trust	a. Labor Organization
Trade Name, if any:	😾 b. Trust
P.O. Box, Bidg., Room No., if any	
Street 1 Enterprise Dr.	c. Employer
City North Quincy	
State Massachusetts ZIP Ccde + 4 02171	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name NYS Teamsters Conf.Pension & Retirement Fund	State St is the custodian bank for the NYS Teasters Pension Fund and the NYS Teamsters Health Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box, 4928	
Street	
City Syracuse	
State New York ZIP Code + 4 13221	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	State Street sponsored a Trustee dinner that Ronald Lucas and his spouse Debra Lucas attended
	12.b. Amount. Est \$150